Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless a displaye a valid OMB control number. Approved for use through 7/31/2006 CMB 0651-0032 U.S. Palent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Substitute for Form PTO-875 Effective December 8, 2004 Application or Docket Number APPLICATION AS FILED - PART I (Column 1) (Column 2) OTHER THAN SMALL ENTITY OR FOR SMALL ENTITY NUMBER FILED NUMBER EXTRA BASIC FEE RATE (\$) (37 CFR 1 16(4) (b) a (c)) NA FEE (1) RATE (\$) SEARCHFEE N/A NVA FEE (S) 150.00 (37 CFR 1 16(N). (1). or (m)) N/A NIA 300.00 N/A EXAMINATION FEE NIA \$250 (37 CFR 1 16(0). (p), or (q)) NA N/A \$500 TOTAL CLAIMS N/A NA \$100 (37.CFR 1 16(0) NA \$200 minus 20 . INDEPENDENT CLAIMS X\$ 25 (37 CFR 1 16(N)) X\$50 OR minus 3 = X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due FEE . (37 CFR | 16(4)) is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR | 164)) +180= * If the difference in column 1 is less than Zero, enter "0" in column 2. +360= TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3): CLAIMS SMALL ENTITY OR OTHER THAN HIGHEST REMAINING SMALL ENTITY 06 NUMBER PRESENT ENDMENT AFTER AMENDMENT RATE (\$) PREVIOUSLY ADDI-**EXTRA** RATE (\$) Total PAID FOR TIONAL ADDI-Minus FEE (\$) TIONAL FEE (1) independent DF CFR 1.100.00 X\$ 25 Minus X\$50 OR 700 Application Size Fee (37 CFR 1.16(5)) X100 X200 OΒ First presentation of multiple dependent claim (37 CFR 1.16@) +180= +360= OR TOTAL ADD'L FEE TOTAL (Calumn 1) OR 00 ADO'L FEE (Column 2) (Column 3) CLAIMS ∞ HIGHEST REMAINING NUMBER PRESENT **AMENDMENT** AFTER. PREVIOUSLY RATE (\$) AMENDMENT EXTRA ADDI-RATE (\$) Total corofe, Libral PAID FOR TIONAL ADDI-Minus TIONAL FEE (\$) FEE (1) Independent -X\$ 25 Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= OR +360= TOTAL TOTAL ADD'L FEE

of the entry in column 1 is less than the entry in column 2, write "of in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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E collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to piecess) an application. Confidentiality is poverned by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. buding gathering, pre-paring, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments aking gainering, preparing, and summing the completed application form to the USPTO. Time was vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be tent to the Chief Information Officer, U.S. Patient Theorem Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS